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Bib Data Sheet

CONFIRMATION NO. 7888

SERIAL NUMBER 10/683,880	FILING OR 371(c) DATE 10/09/2003 RULE	CLASS 514	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. BIZ-045CPCN
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/726,464 11/29/2000 ABN which claims benefit of 60/167,800 11/29/1999 *cy*
 and claims benefit of 60/253,676 11/28/2000 *cy*

** FOREIGN APPLICATIONS *****

cy

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

00959

TITLE

Pin1 as a marker for abnormal cell growth

FILING FEE RECEIVED 2700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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